

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
January 17, 2013, 9:30 am to 3:00 pm
ChildServe Training Center
5406 Merle Hay Road, Johnston, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Zvia McCormick
Lynn Crannell	Laurel Phipps
Richard Crouch	Deb Schildroth
Jill Davisson	Patrick Schmitz
Lynn Grobe	Susan Koch-Seehase
Richard Heitmann	Dale Todd (by phone)
Chris Hoffman	Suzanne Watson
David Hudson	Gano Whetstone
Gary Lippe	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Representative Dave Heaton
Senator Jack Hatch	Representative Lisa Heddens

OTHER ATTENDEES:

Marilyn Althoff	Hills and Dales/IACP
Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Robert Bacon	U of Iowa Center for Disabilities and Development
Dave Basler	ChildServe
Teresa Bomhoff	Iowa Mental Health Planning Council
Ann Bunn (by phone)	Prairie View Residential Care
Diane Diamond	DHS, Targeted Case Management
Connie Fanselow	MHDS, Community Services & Planning
Melissa Havig	Magellan Health Services
Julie Jetter	MHDS, Community Services & Planning
Todd Lange (by phone)	Office of Consumer Affairs
Geoff Lauer (by phone)	Brain Injury Alliance of Iowa
Bob Lincoln	County Social Services
Liz O'Hara	U of Iowa Center for Disabilities and Development
Peggy Petlon	Delaware County CPC Administrator
J. Mark Roberts	Lutheran Services in Iowa (LSI)
Joe Sample	Department on Aging
Rick Shults	DHS, Administrator MHDS Division
Deb Eckerman Slack	ISAC County Case Management Services
Robyn Wilson	MHDS, Community Services & Planning

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:30 a.m. and led introductions. Quorum was established. Conflicts of interest were declared by Chris Hoffman and Susan Koch Seehase with regard to the CSS agenda item, and Richard Heitmann with regard to the Delaware County agenda item.

APPROVAL OF MINUTES

Richard Crouch made a motion to approve the minutes of the December 6, 2012 meeting as presented. Richard Heitmann seconded the motion. The motion passed unanimously. Lynn Crannell made a motion to approve the minutes of the January 3, 2013 meeting as presented. Patrick Schmitz seconded the motion. The motion passed unanimously. Suzanne Watson joined the meeting following the votes.

DELAWARE COUNTY MANAGEMENT PLAN

Julie Jetter introduced proposed changes to the Delaware County Management Plan, noting that a summary with the changes underlined was shared as part of the meeting materials and the that same information was provided by the county at a public meeting held on January 2nd.

Peggy Petlon, Delaware County CPC Administrator, outlined two changes that are more restrictive:

1. Up to twenty-four sessions of individual Outpatient Therapy per year were previously funded; the number would be scaled back to 12 sessions per year. Exceptions to policy may be granted based on vital need or the safety of an individual.
2. A waiting list will be implemented for 100% county funded transportation, vocational services, and Supported Community Living (SCL) services for all new recipients and for any renewal of services as they come up for reauthorization. SCL may be provided at a maximum of 5 hours per month to prevent hospitalization, placement at a higher level of care, or for short term stabilization when transitioning to a less restrictive environment. Exceptions may be granted based on vital need or safety of the individual. Outpatient mental health services will not be wait listed.

Peggy explained that it has been a difficult decision for the Board of Supervisors and the CPC office to institute a waiting list, as they have never had one. She added that they are still working out more details on how the waiting list will be implemented. If a therapist or psychiatrist believes there is a vital need for more sessions they will be able to apply for an exception to policy. Peggy noted that the change from legal settlement to residency in July will make a financial difference for Delaware County because they are currently paying for services to several people who live outside the county who will

no longer be their responsibility. They will be losing about \$92,000 in levy dollars, but expect the residency changes may make up most or all of that difference.

Patrick Schmitz asked who would determine if services were "vital." Peggy responded that the county would go by what the mental health professional determines is needed.

She said that outpatient costs have risen dramatically. Last year the county paid \$126,000 for outpatient services; at just halfway through the current fiscal year, they have already expended \$106,000. They are serving about 94 people on an outpatient basis through the Abbe Center.

Deb Schildroth asked if Peggy could identify the reason for the increase. Peggy responded that the Abbe Center now has an office in Delaware County which has enabled them to offer more than they had in the past. They have more group therapy and more doctors in the county than they have ever had. She said all that is positive, but they have to pay doctors to come to the county and costs have gone up. The county has not paid for group services, but those services have made people more aware of other county funded services that are available.

David Hudson asked how the county arrived at the 5 hour maximum for SCL services. Peggy responded that they did not want to cut access to SCL completely because they have people who need just a small amount of assistance to help them maintain a stable living situation. She said often it just takes having someone to check up on them weekly to make sure they have food, medication, and their basic needs are being met or having someone to call when there is a problem. A lot of people do well with that level of support; it can prevent a more restrictive placement and serves as a safety net.

Delaware County applied for Transition Funds and under scenario one, they would receive about \$89,000, which would get them to a zero fund balance. Peggy added that there are a lot of people with legal settlement in Linn County who live in Delaware County so until the residency issues are resolved it is difficult to project costs accurately.

Motion: Gary Lippe made a motion to recommend that the Director approve the Delaware County Plan changes as submitted. Patrick Schmitz seconded the motion.

Discussion: Patrick Schmitz said that some plans allow for pass through. Peggy responded that Delaware County has something like that in place, more like an emergency service. Chris Hoffman asked if the county had made the Abbe Center aware of the changes. Peggy responded that as well as open meeting for the public that was recently held, the county had invited providers to a meeting in November. The Abbe Center and Penn Center participated in the meeting the contributed ideas; there have been other discussions as well. Peggy noted that Delaware County is moving away from the plan it has share with other counties. They have determined that it makes sense to pursue regionalization with Linn County because so many services cross over.

Vote: Neil Broderick, Lynn Crannell, Richard Crouch, Jill Davisson, Lynn Grobe, David Hudson, Gary Lippe, Zvia McCormick, Laurel Phipps, Deb Schildroth, Patrick Schmitz, Susan Koch-Seehase, Dale Todd, Suzanne Watson, Gano Whetstone, and Jack Willey voted to recommend approval. Chris Hoffman voted against approval. Richard Heitmann abstained from the vote. The motion passed 16 to 1.

WOODBURY COUNTY MANAGEMENT PLAN

The proposed changes to the Woodbury County Management Plan were withdrawn; they may be presented at a later date.

COUNTY SOCIAL SERVICES MANAGEMENT PLAN

Julie Jetter introduced the proposed changes to the County Social Services (CSS) Management Plan. A summary of the changes were included in the meeting handout packet. The initial CSS counties are already on the plan; Chickasaw, Fayette, Grundy, Hancock, Howard, Humboldt, Kossuth, Pocahontas, Tama, Webster, Winnebago, Worth, and Wright counties are moving to the CSS Plan. All of the changes are “friendly” in nature (not adverse or more restrictive to consumers) and most are administrative. These changes will bring all the counties in the CSS region under one plan. CSS Administrator Bob Lincoln explained the handout showing the changes. It includes a discussion about resource management, which refers to the use of evidence based assessment tools by service coordinators to assign individuals to one of six levels of care. He said he initially thought could be a more restrictive change, but the level of care determination does not fix or cap services entitled to an individual.

Bob said that the outline is more of a vision than a fully implemented plan. It is an effort to do a better job of managing resources. He noted that they make a distinction between the mental health treatment plan and the disability program plan. Bob said the region currently has one full time and one part time SIS (Supports Intensity Scale) reviewer for clients with intellectual disabilities and Dr. Michael Flaum has conducted training on use of the LOCUS (Level of Care Utilization System) tool for persons with mental health conditions. No specific assessment tool was identified for persons with brain injury. Data is being collected and is being used for planning and budgeting. In response to a question about how the assessment data is being used to determine client services, Bob indicated that a request for a service within a person’s assessed level of care would receive less scrutiny than a request for services at a much higher level of care.

Richard Heitmann asked if the CSS, at 18 counties, had concerns about how big a region should be. Bob responded that size is a consideration. He said that they are probably not the largest by population, but may comprise the most acres. He noted that the region itself has no employees and no assets; it is a consortium of counties and is truly a joint venture. He said they have focused on looking for natural collaborations and are very linked to aging services, including the Area Agencies on Aging (AAA) and their recent reorganization efforts.

Bob added that they are also talking to three other counties: Allamakee, Winneshiek, and Clayton that are interested in joining. He said they are looking for commonality; there has to be value to each county that joins and value to the region for having that county join. He said CSS is highly vested in the regional system. When the first five counties came together in 2009 they made a decision to pool their county dollars and that has freed up a lot of resources.

Jack Willey asked if each county has a CPC. Bob responded that they each have a coordinator or a CPC; each local county determines its needs and some CPCs work with more than one county. In terms of governance, each county has one seat on the governance board and one vote. Bob said they try to support local community standards and make decisions on that basis rather than from the top down.

Patrick Schmitz asked what would happen if it is determined that a person needs a lower level of care, but the provider has a different opinion. Bob responded that there is an appeal process available up to the level of an administrative law judge, but the first step would probably be to review clinical input. He said the CSS has retained a psychiatrist and they have considered adding a clinical director as part of the administrative structure. He noted that no consumer has had services reduced as a result of this process. Bob indicated they are trying to bundle more services and move from fee for service to fee per client. The provider would then determine how to deliver the services to the individual and the person's progress would be reviewed to evaluate how the provider is doing. Bob explained that the move to purchase support for people, rather than individual services helps to drive down costs and get more value.

Motion: Gary Lippe made a motion to approve the County Social Services Management Plan changes as presented. Gano Whetstone seconded the motion.

Discussion: Patrick Schmitz said he would like to see language revised to identify how brain injury assessments would be conducted and clarify who will make the final clinical decision on level of services delivered before the Commission approves the changes. He said he was satisfied with the clarifications that Bob presented verbally today, but believes that information should be included in the written plan. Geoff Lauer said he agreed that he would like the plan to reflect use of a valid and reliable assessment tool that has been validated for brain injury.

Deb Schildroth asked if team assessments were used. Bob responded that the SIS is done by a SIS reviewer working with a team. The LOCUS tool is more integrated into the treatment process and is used more frequently. He added that the performance contracts that will be implemented under MHDS Redesign will address some of these issues. Julie Jetter noted that the proposed wording for these counties is the same wording that was used for the first five counties and has been approved in other plans.

Vote: Neil Broderick, Lynn Crannell, Richard Crouch, Lynn Grobe, David Hudson, Gary Lippe, Laurel Phipps, and Gano Whetstone voted to recommend approval. Jill

Davisson, Richard Heitmann, Zvia McCormick, Deb Schildroth, Patrick Schmitz, Dale Todd, Suzanne Watson, and Jack Willey voted against approval. Chris Hoffman and Susan Koch-Seehase abstained from the vote. The motion failed. The proposal can be revised and resubmitted.

MHDS UPDATE

Rick Shults shared an update on DHS and MHDS activities and other developments of interest.

Federal news: Rick said that President Obama made an announcement yesterday on gun violence and also moved forward on a series of executive orders at the federal level. Notably, instructions are going out to health care professionals regarding the federal restrictions that exist on the sharing of information with law enforcement about individuals that may present an imminent danger or risk. CMS (Centers for Medicare and Medicaid) has issued a letter explaining that it is not a violation of HIPAA (Health Insurance Portability and Accountability Act) to notify law enforcement officials of an imminent risk.

It has also been clarified that it is not against the provisions of the ACA (Affordable Care Act) for clinicians to discuss issues related to guns with their clients. Some states have taken measures to restrict those kinds of conversations and there has been discussion about the potential impact that such conversations may have on people seeking treatment. Teresa Bomhoff commented that one of the executive orders contained language about a data base for people who are dangerous and should not be allowed to buy guns and there is concern about that focusing too narrowly on people with mental illness. Such policies should not be used in a way that would deter people from seeking treatment. Patrick Schmitz noted that mental health professionals have always had a duty to warn if they believe someone presents an imminent danger, but there is concern about having to disclose information about mental health clients that the clinician does not view as an imminent risk.

Rick Shults said the Secretary of Health and Human Services Kathleen Sebelius is beginning a national dialogue that will be the responsibility of the Department of Education and SAMHSA (Substance Abuse and Mental Health Services Administration) to carry out. They plan to have conversations about stigma, access to services, early identification, and early intervention and to provide better support to educators and health care providers in recognizing mental health issues.

There will be incentives to states to participate in providing information to a national incidence data base that has to be checked whenever someone goes to purchase a gun. States are not fully participating and the incentives will be starting with a small amount of money. Todd Lange commented that he is concerned about the talk linking mental illness with guns and violence, and thinks the idea of reinforcing messages about stigma are very important.

Fiscal Viability Study Committee – Rick reported that the interim committee was set up to be bi-cameral and bi-partisan, with leadership shared by co-chairs Senator Joe Bolkcom and Representative Renee Schulte. Rick noted that last Friday was Rep. Schulte's last meeting as a member of the General Assembly and she was recognized for her efforts on MHDS redesign.

The committee meeting ended with a list of recommendations, including:

- The committee recommended that up to \$20 million should be appropriated for the MHDS Transition Fund to be available to counties for fiscal year 2012-2013. The specifics of the criteria for distributing the funds should be included in the appropriations legislation.

Rick noted that they are aware of the Transition Fund Report, the three scenarios, and the questions that have been raised about how the designated funds can be used. The discussion included questions such as how much a county needs to have available to it in reserve for cash flow during the period from July 1 until property tax revenues are collected. A revolving loan approach was discussed. Another option would be a minimum fund balance approach. There was discussion of having about 25% of the annual budget available for a 3-month reserve. Concerns were raised that if funds were allocated for cash flow during that three to four month period, they would in effect be sitting idle the rest of the year.

- The committee requested that ISAC (Iowa State Association of Counties) look at how much counties should have in reserve and recommend options for counties to develop and maintain an appropriate ending balance for their MHDS funds.

Rick shared a handout showing the extent to which counties need to catch up with what they owe the State for Medicaid services. The numbers reflect where counties stood as of the end of November and track how far counties are behind in paying their bills. Rick noted that the vast majority of counties are less than a month behind. Counties that applied for transition funds are designated with a dot on the left side. Rick noted that there will have to be a supplemental appropriations bill this year because Medicaid is not fully funded and transition funding is expected to be made a part of that.

David Hudson asked what is driving the increase in Medicaid costs. Rick responded that it is not something that has happened overnight and it is not because Iowa has made any significant changes in eligibility. He said the economy is such that more people fall into the eligibility group and there have probably been more people applying who could have been eligible sooner if that had applied. He said there has been growth in use of HCBS Waivers, particularly for children with the introduction of the Children's Mental Health Waiver, and that brings people into Medicaid services who would not otherwise have qualified; some other new services have been added as well.

Rick explained that the percentage of Medicaid costs that the federal government will pay is determined based on the comparative financial health of each state. A

percentage is calculated for each state, known as the FMAP (Federal Medical Assistance Percentage). In the most recent analysis, Iowa was third in the nation in the calculation of financial health, which means that the federal government pays a smaller percentage of Iowa's Medicaid costs compared to the percentage it had been paying, and compared to most other states. Rick commented that the drop of 1.5% in the federal match rate is one of the biggest reductions he has ever seen. That drop alone raises Iowa's Medicaid costs significantly.

Dave Hudson asked if it is known what it would cost for Iowa to add the Medicaid expansion population. Rick responded that he did not have a firm cost estimate. The expansion group would be covered 100% by federal dollars for the first two years and that amount would phase down to 90% over time. It is also anticipated that as a part of pursuing expansion, there would be people newly identified as eligible under the current rules who had never applied and the costs for adding those people would be at the regular Medicaid match rate, not the enhanced percentage. That is one of the reasons states are struggling to determine the projected costs, although adding approximately \$150,000 new people to the Medicaid program, even at a cost of 10% is a large expense. Rick said some legislators are passionate about Medicaid expansion and see it as critical to MHDS redesign and to Iowa and others are opposed to it or reluctant to commit additional funds because they fear the federal government will not be able to sustain its commitment down the road. He said the woodwork effect is likely to happen with implementation of the Affordable Care Act (ACA) even if Iowa does not choose to participate in expansion.

Teresa Bomhoff commented that hospital groups are supporting expansion because they believe they would have far less charitable care losses. Gano Whetstone commented that it is important to look after the service needs of older Iowans because Medicaid does not cover many of the services they depend on having available. Deb Schildroth commented that there seems to be some understanding that transition will take longer than just this year for counties, as they begin to implement core services, sort out changes from legal settlement to residency, and go through all the steps necessary to join into functioning regions.

Rick said that the committee recommended there be assurance that mental health and disability core services be included in the basic package for the Iowa Health Insurance Exchange. Teresa Bomhoff commented that she is concerned that Iowa has defaulted to a plan that does not have mental health parity and includes only very limited mental health benefits. Rick responded that this is an example of an area where many people think there is a need for more federal guidance. Secretary Sebelius said yesterday that states will have to have mental health parity, yet many default plans do not provide that. The federal government has not yet answered all those questions, although Secretary Sebelius has committed to the publication of rules that pertain to them.

- The study committee requested that it be continued as a way to coordinate the work that is being done, and that the study committee members and other

interested legislators continue to meet informally as a workgroup on a regular basis to continue addressing MHDS redesign issues.

- The committee requested that the Department comes back to them with proposed criteria and options for counties to repay their Medicaid and State Resource Center bills from the state at some time beyond fiscal year 2012-2013.
- The committee instructed the Legislative Services Agency prepare a draft bill that incorporates the recommendations of the redesign workgroups and committees.

Rick shared a handout summarizing the MHDS Redesign workgroup and committee recommendations and said this would be the starting point for LSA's draft.

- The committee recommended that work activity services continue to be part of the MHDS services system administered by counties.

Rick said there is a real interest in bringing together a group of people to look at the continuum of care (or array of services) and the role of sheltered workshops and residential care facilities in particular. They would do a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis and make recommendations on how to move forward. There are financial challenges to the array of services, and there are also best practice and approach issues that need to be examined so that people have viable choices for housing, employment, and services.

The current members of the Mental Health and Disability Services Redesign Fiscal Viability Study Committee are: Senators Joe Bolcom, Jack Hatch, David Johnson, Amanda Ragan, and Mark Segebart, and Representatives David Heaton, Lisa Heddens, Linda J. Miller, and Mark D. Smith.

Rick Shults share a draft map of possible regional groups, noting that it is only a few days old and already out of date because some counties are still having conversations with more than one region and the alignment is still in flux. The counties have been engaged in the hard work of forming regions. The Department has only received one letter of intent so far. The Polk County Board of Supervisors voted on Tuesday to apply for exemption from joining a region. DHS staff has met with Jefferson County officials and offered technical assistance on examining options.

The committee had a conversation about the requirement for counties in a region to be contiguous. It has been agreed that counties can be contiguous if they touch only at the corners, but they must touch in some way. Madison County is interested in joining a group of counties that is not contiguous because they have had long standing working relationships, including a 28E agreement and a shared CPC. Last year's redesign legislation gives the Director authority to exempt counties from joining into regions or waive the requirement for 3 or more counties in a region. The legislation does not authorize the Director to exempt counties from the requirement that counties be contiguous.

David Hudson asked if there was discussion about the pooling of funds. Rick responded that ISAC has had conversations with counties. Over time, counties will likely come to the conclusion that pooling is the best way to do business, but that may be part of the evolutionary process of forming regions and some groups may need time to build trust before they are ready to do that. Bob Lincoln said that in the CSS they talk in terms of putting premiums into the pool that insures coverage for each of the counties in the region; counties own a share of the money.

Regions are expected to be meeting minimal expectations by December of 2013 and operating in full compliance by July 1, 2014. Deb Schildroth noted that initial regional management plans are due by April 2014 and guidance will be needed. Rick responded that administrative rules will be developed for regional management plans.

A lunch break was taken at 12:00 p.m.

The meeting resumed at 1:00 p.m.

MHDS UPDATE (continued)

Rick Shults said that one of the issues raised during the committee meeting is determining the cost of providing non-Medicaid services. The Department, ISAC, and other will be working on arriving at a good estimate; most of the prior information available combines Medicaid and non-Medicaid spending. There will probably be more discussion about that.

Jack Willey asked how DHS arrived at the number used to calculate the new levy rate for county non-Medicaid expenditures. Rick responded that that number was arrived at by looking at the total amount of resources available to counties, subtracting what they were billed for Medicaid, and what they had left at the end of the year to back into the figure of what they had left as their non-Medicaid spending. The result was an estimate of \$144 million. Rick said the question being asked now is if that same process can be used on a county by county basis. There are counties that have negative fund balances which means there needs to be an understanding of the situation on a county by county basis.

Governor's Budget – Rick indicated the Governor's Budget has been released and contains a lot of recommendations related to MHDS. The recommendation for the MHIs (Mental Health Institutes) and juvenile facilities was the same as the Department's request. For the State Resource Centers, the amount requested by DHS reflected the challenges faced as the census continues to go down, which means an increase in the amount of general fund dollars needed. Rick said that the Governor's recommendation includes amounts to address some, but not all of the shortfalls. CCUSO (Civil Commitment Unit for Sexual Offenders) at Cherokee has been recommended to be funded at a status quo rate. The ongoing challenge is that its census continues to rise. Rick noted that about a year ago it experienced a rather alarming increase, but the

census has gone down considerably since then and has stabilized, but it is difficult to project. Right now there are 13 people at some point in the commitment process. One of the issues is that there can be no waiting list for CCUSO services; anyone determined by the court to be a violent sexual offender must be admitted.

Jack Willey commented that the Dubuque Telegraph Herald recently featured a series of articles on mental health, including considerable discussion relating to the number of mental health beds available. He asked if there was any consideration to increasing the number of beds statewide. Rick responded that through Redesign, a consensus has emerged that focus should be on the full array of services, which should cause the pressure on inpatient services to go down. He noted that when there is a pre-commitment screening the number of mental health commitments drop dramatically and when people receive crisis stabilization services, there is less need for inpatient care. Jack commented that the continuum of care discussion needs to include the issue of people ending up in jail because they have nowhere else to go.

Neil Broderick commented that DHS completed a paper on subacute care a few years ago that could be built on if funding was identified. Susan Koch-Seehase said that there are some processes in place that should be reviewed to make it easier for providers to meet some of the needs. Chris Hoffman said he believes that access to community mental health center services keeps a lot of people out of inpatient care, yet they do not get recognition for the savings to the state.

Rick Shults said that ordinarily the Governor is expecting state agencies to be at a status quo funding level, yet in order to start at status quo, DHS needs an increase of more than \$200 million, which is a big order. That money is needed to address the Medicaid shortfall from last year, the growth in Medicaid, and the reduced federal Medicaid match rate. That presents the Governor with a huge challenge. The Governor's budget did include recommendations for \$3.8 million for the Transition Fund, for moving the funds from the State Payment Program (SPP) to the mental health and disability services regional fund to allow use of those funds for services to people who were previously funded under SPP. The recommendations did not include growth in non-Medicaid spending or any increased costs for core plus services. The Governor's Budget is turned over to the House and Senate budget committees to use in formulating their budgets.

Rick asked the Commission for their input on the development of administrative rules and/or guidance and the concerns that they believe should be addressed through rules.

Questions and comments:

- Do there need to be rules for the regions to move forward with their 28E agreements?
- Some sort of template or guide showing the key points to be addressed would be helpful
- Could be developed in cooperation with ISAC and with the advice of the Attorney General's Office

- It was noted that ISAC has offered some general guidance for counties
- It could be a good investment for technical assistance by DHS to groups of counties, working in coordination with ISAC
- Rules are probably not needed, but guidance would be appreciated in the development of agreements and governance groups

Rick said he has met with Bill Peterson, Executive Director of ISAC, and has made it clear that technical assistance is available to counties from DHS even before they have submitted a letter of intent. The original expectation was that a county would know what technical assistance they needed before they requested it. DHS is now hearing from counties that they need the assistance sooner, and in some cases need help in determining just what type of technical assistance they need. DHS has been responding to those requests and will continue to do so. He noted it will also be important for them to continue to work with ISAC, which can provide a lot of expertise in 28E agreements. Rick said he believes it is important that how counties choose to make agreements is not too strictly directed, and that DHS and ISAC work in coordination to provide guidance that allows each region to have its own way of coming together based on its make-up and characteristics.

Rick noted that there also seem to be some questions about the meaning of residency. People seem to be seeking an understanding of just what it means to have a good faith intention declared to live in the county. Suzanne Watson said that a CPC group is meeting and working on that issue. They also have discussed issues concerning people from other states coming into border counties seeking services. Rick clarified that even though state cases will go away, individuals who are residents of other states, a foreign country, or whose residence is unknown will be the responsibility of the state. Court cases have clearly established that once someone comes to Iowa and intends to stay they become a resident. For anyone who is receiving a Medicaid funded service, that service is tied to Iowa.

The residency of college students has been another issue. Rick read from Senate File 2315:

“A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.”

Deb Schildroth noted that currently out of state students don't meet the requirements for the State Payment Program, but that will change. Rick said it would be helpful to have a rule that clarifies that situation. Suzanne Watson asked what would happen to someone who comes from outside Iowa directly into a residential care facility and then requests services. Rick responded that there will be some differences between who is

an Iowa resident and who counties will be responsible for funding and those situations need to be clarified. Deb Schildroth suggested that the CPC committee might be helpful in highlighting those areas and communicating the issues they have identified back to the Department.

Regional Management Plans – There is a description in the redesign legislation of what the plans should look like. Jack Willey said he does not think that this is a particularly difficult area for counties; the legislation is fairly clear and counties know that has been included in their county management plans. Deb Schildroth said she believes there is a timing issue because the legislation indicates that plans have to be approved before funds will be released from the state regional fund. Rick responded that he reads the legislation as saying that counties cannot disburse funds except under the management plans. He said he thinks the state will disburse money in whatever way it is directed to by appropriations legislation. Rick said he would seek additional information to clarify the timing issue.

Targeted Case Management – Rick said there are a group of expectations in the section on targeted case management that include the call to define qualifications. Those currently exist in Chapters 24 and 90 of the Iowa Administrative Code. It is necessary to specify performance and outcome measures as well as standards for delivery of service and methodologies for continuous improvement, including Internet training. It will need to be determined if those things should be added into Chp. 24 or Chp. 90. Deb Schildroth asked if service coordination would also be subject to the same things. Rick responded that he sees this as an opportunity to come up with rules that answer those kinds of questions.

Accounting Standards – Rick noted that there is an expectation that regional accounting will conform to the federal standards for cost principles established by the Office of Management and Budget. He said he would like some feedback on how many counties are aware of the requirements and are following them and if there is a need for technical assistance in that area.

Core Services – The legislation provides core services domains and examples of core services; the Department will be looking for direction on establishing rules around defining core services more clearly. The domains are:

- Treatment
- Crisis Response
- Community Living
- Employment
- Recovery Services
- Service Coordination

Rick said that the term “core plus” has been used to encompass a lot of things including services, population groups, and income eligibility. It is a way of looking at where programs can expand in the future. The concept is that when funds become available more services will be provided and more people will be served. That should on a

consistent statewide basis. Rick said the Department is gathering information to improve clarity around rulemaking and guidance and establish a clear understanding of what is needed in each area.

Core Services Committee - Jack Willey asked if any Commission members would be interested in serving on a committee to help further develop core service and core plus concepts. Jack volunteered to serve. Patrick Schmitz, Susan Koch-Seechase, Suzanne Watson, and Chris Hoffman also volunteered. Jack asked Patrick Schmitz to chair the committee.

Chris Hoffman asked about the development of subacute services. Rick responded that subacute services should not look just like another inpatient program. Chris agreed that it will be important to avoid ending up with beds that look the same as acute care beds but are called subacute instead. Rick noted that Public Health is working on that issue as well.

NEXT MEETING

The next meeting is scheduled for Thursday, February 21, 2013 and will be held at the Pleasant Hill Public Library. Topics to be scheduled for next month or another upcoming meeting:

- Work on core services definitions
- Update from the Office of Consumer Affairs
- Update on the work of the Children's Services Workgroup

PUBLIC COMMENT

Bob Bacon commented that he attended the legislative committee meeting last Friday and believed that legislators don't necessarily have all the background information they need to fully understand some of the issues they are facing. He cited employment and sheltered work, property tax equalization, outstanding county Medicaid bills, and concerns about people in jeopardy of not having services as examples of issues that can be complex but need to be addressed. Bob said that he is concerned that the majority of legislators who have not been involved in the redesign process won't understand what needs to happen for redesign to be successful. Because of the Commission's statutory role as an advisory body, he encouraged the Commission to communicate with legislators to help them understand what they can do in the next few months to carry out the goals of redesign.

The meeting was adjourned at 2:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.